

FROM FAEGRE & BENSON MINNEAPOLIS

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FROM: Brian W. Oberst	TELEPHONE: 612-766-7174
DATE: June 1, 2006	TIME: 16:34 m. (Minneapolis)
NUMBER OF PAGES (including this page): 3	F&B FILE: 75037-335120 REC: 6079
TO: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 223131450	FAX: 571-273-8300

**MESSAGE**

Attached to this facsimile cover sheet are the following documents for filing with the United States Patent and Trademark Office:

- Statement under 37 CFR 3.73(b) (1 page)
- General Power of Attorney document (1 page)

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F&amp;B(04-06) 5B/96 (12-05)

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75037 - 335120

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Joseph Andrew Chinn, et al.Application No./Patent No./Control No.: 09/746,712Filed/Issue Date: December 21, 2000Entitled: ANTIBIOTIC TREATED IMPLANTABLE MEDICAL DEVICESCARBOMEDICS INC., a Texas Corporation

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_ Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: Joseph Andrew ChinnR. Michael CasanovaTo: SULZER CARBOMEDICS INC.

The document was recorded in the United States Patent and Trademark Office at

Reel 014806, Frame 0416, or for which a copy thereof is attached.2. From: SULZER CARBOMEDICS INC. To: CARBOMEDICS INC.

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Reel 014806, Frame 0985, or for which a copy thereof is attached.

3. From: \_\_\_\_\_

To: \_\_\_\_\_

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Brian W. Oberst

Signature

Brian W. Oberst

Printed or Typed Name

Attorney of Record

Title

6/1/06

Date

612-766-7174

Telephone Number

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FROM FAEGRE & BENSON MINNEAPOLIS

(THU) 6. 1'06 16:41/ST. 16:33/NO. 4261717838 P 3

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

25764

**OR**

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

[illegible]

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

25764

OR

☐ Firm or  
Individual Name

**Address:**

City

События

Telephone

**Static**

Ziv

Fax

Assignee Name and Address:

**CARBOMEDICS INC.**  
1300 East Anderson Lane  
Austin, TX 78752

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose ~~signature~~ and title is supplied below is authorized to act on behalf of the assignee

Signature

Date:

1372

Charles D. Griffin

Telephone: (512) 435-3201

7126

President